

# BEST AVAILABLE COPY

|                                    |                                |                     |                                    |   |
|------------------------------------|--------------------------------|---------------------|------------------------------------|---|
| SERIAL NUMBER<br><b>09/282,303</b> | FILING DATE<br><b>03/31/99</b> | CLASS<br><b>385</b> | GROUP ART UNIT<br><b>2874-2883</b> | ATTORNEY DOCKET NO.<br><b>3701-4000</b> |
|------------------------------------|--------------------------------|---------------------|------------------------------------|---|

APPLICANT

**JES BROENG, LYNGBY, DENMARK; STIG EIGIL BARKOU, GENTOFTE, DENMARK;  
ANDERS OVERGAARD BJARKLEV, ROSKILDE, DENMARK.**

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

*none mpm*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

*none mpm*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

DENMARK

PA 1998 00779

06/09/98

*mpm*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/05/99 \*\* SMALL ENTITY \*\***

|   |                         |                      |                     |                         |
|---|-------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged: <i>mpm</i> | STATE OR COUNTRY<br>DKX | SHEETS DRAWING<br>82 | TOTAL CLAIMS<br>135 | INDEPENDENT CLAIMS<br>9 |
|---|-------------------------|----------------------|---------------------|-------------------------|

|         |   |
|---------|---|
| ADDRESS | MORGAN & FINNEGAN LLP<br>345 PARK AVENUE<br>NEW YORK NY 10154 |
|---------|---|

|       |                         |
|-------|-------------------------|
| TITLE | PHOTONIC BAND GAP FIBER |
|-------|-------------------------|

|   |   |   |
|---|---|---|
| FILING FEE RECEIVED<br><br><b>\$1,714</b> | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---|---|---|